CRIMINAL CODE EVALUATION TASK FORCE

June 24, 2021

BIOGRAPHY

Retired Detective Justin Boardman was in law enforcement for 15 years, all with the West Valley City Police Department. During these years, he has had a very diverse career. His first eight years were spent as a patrol officer in this very active city. In that capacity, he was awarded the Police Star, multiple Life Saving, Distinguished Service, and Meritorious Service Awards. He was then assigned to the Property Crimes Unit for a short time and for seven years, he has been assigned to the Special Victim's Unit. During his first year in Investigation's, Justin was awarded Investigator of the Year, conducted nearly 300 forensic child victim interviews, and 140 adult sexual assault victim interviews.

Justin co-authored (along with Donna Kelly, Utah Prosecution Council) a Trauma-Informed Victim Interview protocol for adult victims of sexual assault. This new protocol uses the Neurobiology of Trauma to gain additional information to be used in the investigation. This process has been studied and has shown to increase prosecutions along with procedure changes. Justin now presents and consults locally in Utah and nationally on a variety of subjects. His focus is to strengthen investigations in a victim-centered, suspect focused, and trauma-informed ways. He also believes in pushing culture change. Justin left active police work to focus on culture change within the community he loves.

Justin has been awarded the Utah Visionary Voice Award, presented by the National Sexual Violence Resource Center, and the 2017 Public Policy Award by the Utah Council on Victims of Crime. Locally, Justin has sat on the Board of Directors for the Utah Coalition Against Sexual Assault and the Rape Recovery Center.

OVERVIEW

- Trauma Response
- Trauma in our citizens
 - Community
 - Generational
 - Adverse Childhood Experience Study (ACES)
- Trauma in us
- History of policing in America

TRAUMA RESPONSE

Trauma responses are

NORMAL

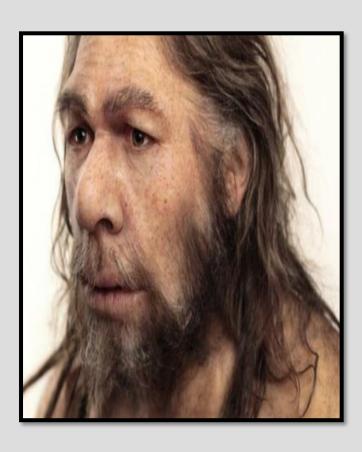
biological responses to

ABNORMAL events

OUR STORY STARTS EONS AGO...

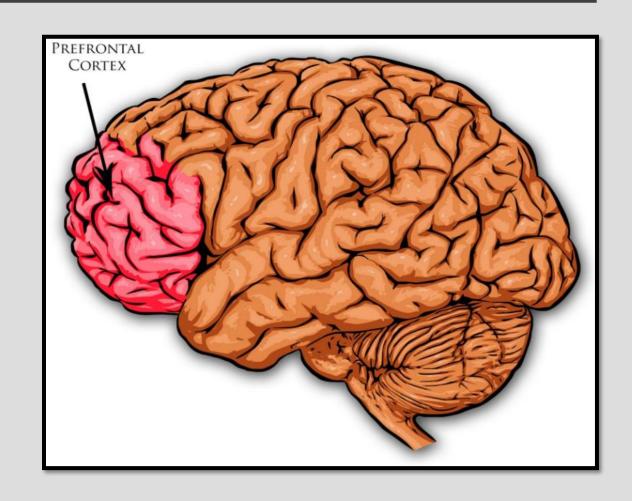






PREFRONTAL CORTEX WHEN FUNCTIONING

- Helps us be rational
- We can reason
- Perceived control
- Can have thoughts and behaviors not simply based on habits and reflexes
- Focuses our attention



DEFENSE CIRCUITRY

Can happen during

Sexual Assault, Physical Assault

Threat, Attack, and other dangers

Continually scans the environment

Always on the look out

When it **DETECTS** an attack it kicks in

It can vary from a split second to a few and it will take over

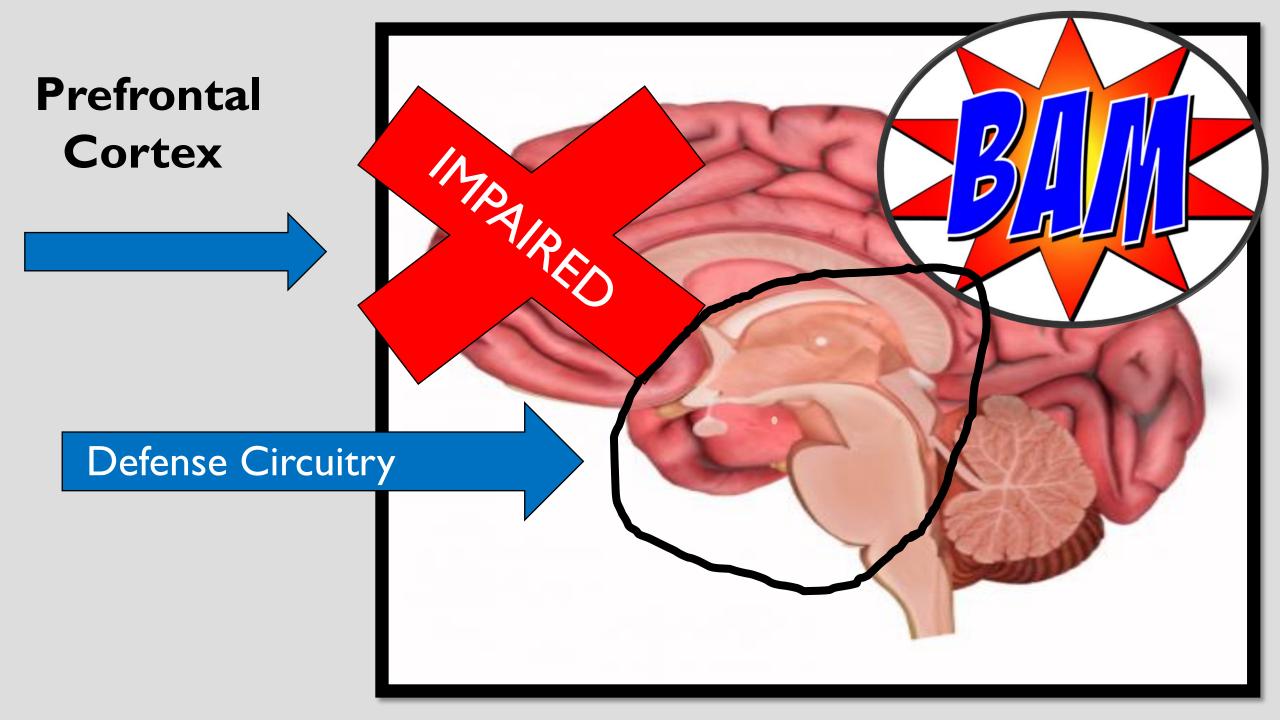




- "BAM" isn't the technical term, but it is easy to remember.
- Similar to a light switch
- It's that moment when something goes from normal expected to not expected.
- This doesn't happen in all traumatic events, but safe to say a lot.
- This can happen more than once in an event.
- First Responders continually train for this moment so we can return home after our shifts.







DISSOCIATION

"Disintegrated Experience"

Brain's method of protecting from overwhelming sensations, emotions

Three features:

Blank / spaced out

Disconnected from body

AUTOPILOT kicks in

Victim may report:

"I felt like I was standing in a corner watching."

"It was like I was in a dream or watching a movie."



IMMOBILITY

Tonic Immobility

Purpose: Preserve life.

Perception = Reality

Perceived inability to escape

Usually follows a failed struggle to fight or escape

Usually sudden onset

Pronounced verbal and physical immobility

Can last for minutes or hours

Extreme FEAR, physical contact with perp, and restraint



INDICATORS OF TRAUMA AREN'T REFLECTIONS ON VICTIM CREDIBILITY

BRAIN

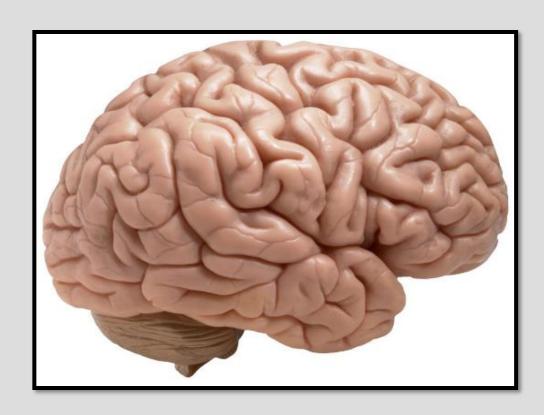
- "I was in the corner watching"
- "It was like I was in a dream or movie"
- "I thought I was going to die"
- "I counted holes in the ceiling tiles"
- "I just focused on the clock"

BODY

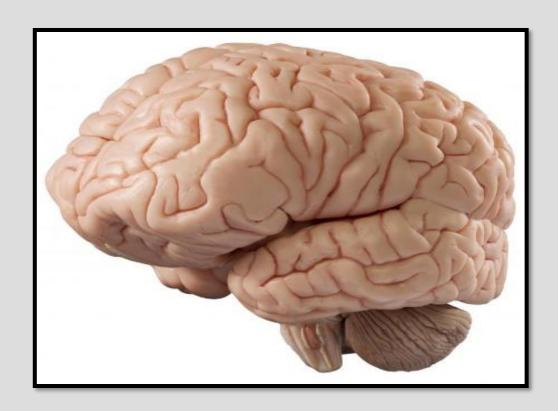
- "I tried to scream but couldn't"
- "I felt woozy and faint"
- "I feel like I was drugged"
- "My arms and legs wouldn't move"

TRAUMA-INFORMED VICTIM INTERVIEW (TIVI)

Non Traumatized Persons



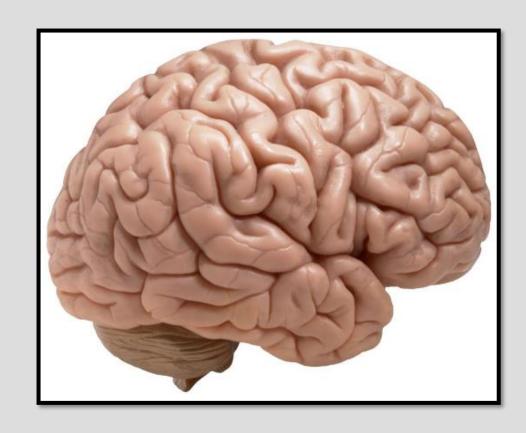
Communicates Similarly



Communicates Similarly

No Trauma

Victim



Same as it was



Communicates Differently

No Trauma

First Responders



Communicates Similarly

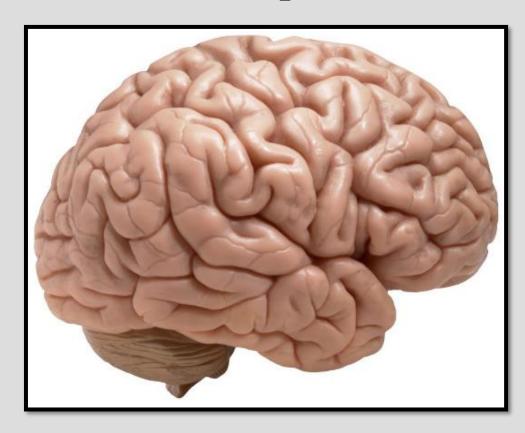


Communicates Similarly

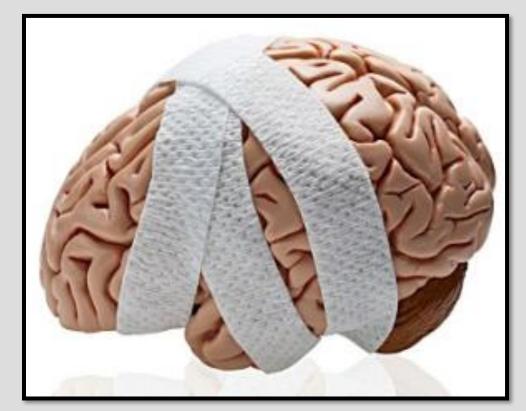
Do you see a problem?

First Responders

Victim



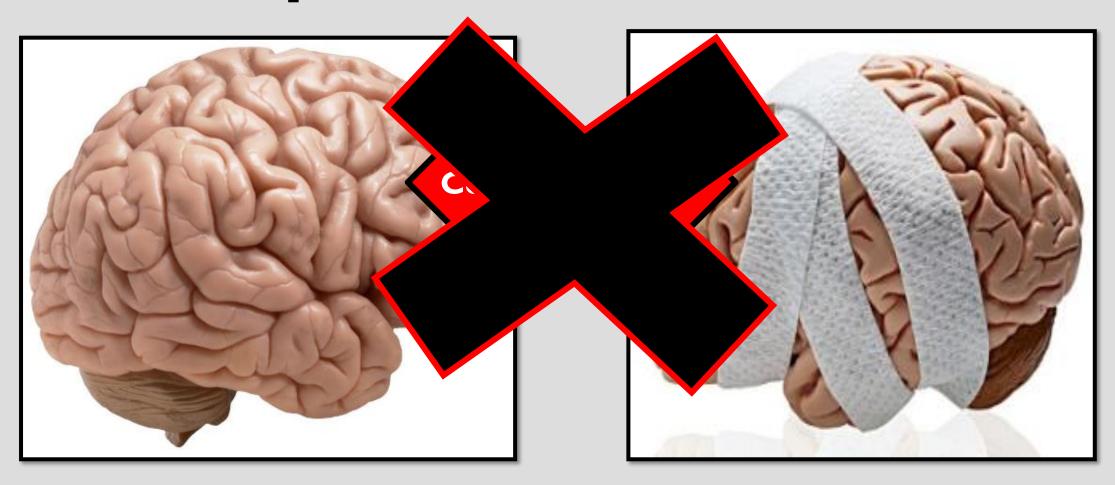
Same as it was



Communicates Differently

First Responders

Victim

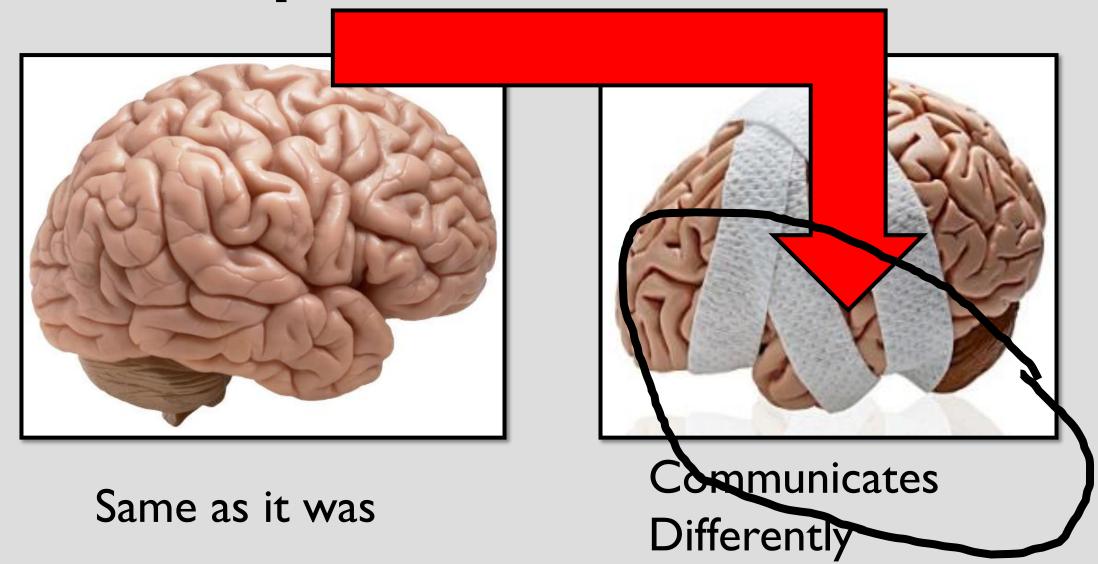


Same as it was

Communicates Differently

First Responders

Victim



We need to interview victims according to

THEIR

ABILITY

SOME TYPES OF TRAUMA

INTERGENERATIONALTRAUMA

- Trauma of a Combat Soldier PTSD
- Children have shown- Difficulty in solving problems, inability to experience appropriate emotional responses to situations, etc.
- Alcoholics
- Children have shown- Increased need to care for others, might use lying as a normal coping style, etc.
- Domestic Violence Survivors
- Children have shown- greater likelihood of being abusers or victims

COMMUNITY TRAUMA

- Native America-Boarding Schools ex.
- Tribal Nations

Weakened nations structure

Tribal Communities

Loss of sense of community, language, tribal traditions and ceremonies

Families

Loss of parental power, near destruction of extended family system

Individuals

Loss of identity, low self esteem, no sense of safety, institutionalized, difficulty forming healthy relationships



ACES STUDY

- Conducted at Kaiser
 Permanente
- Over 17,000 physical exams were completed and surveys

Demographic Information	Percent (N = 17,337)
Gender	
Female	54.0%
Male	46.0%
Race/Ethnicity	
White	74.8%
Hispanic/Latino	11.2%
Asian/Pacific Islander	7.2%
African-American	4.5%
Other	2.3%
Age (years)	
19-29	5.3%
30-39	9.8%
40-49	18.6%
50-59	19.9%
60 and over	46.4%
Education	
Not High School Graduate	7.2%
High School Graduate	17.6%
Some College	35.9%
College Graduate or Higher	39.3%

ACES – PUBLIC HEALTH STUDY

- Discovered that childhood trauma leads to the adult onset of chronic diseases
- Depression and other mental illness
- Increased violence and being a victim of violence
- Financial problems
- Social problems

Adverse Childhood Experience (ACE) Questionnaire Finding your ACE Score ra hbr 10 24 06

While you were growing up, during your first 18 years of life:

, and job word growing up, during jobs more to jobs of more	
 Did a parent or other adult in the household often Swear at you, insult you, put you down, or humiliate you? or 	
Act in a way that made you afraid that you might be physically be Yes No	nurt? If yes enter 1
2. Did a parent or other adult in the household often Push, grab, slap, or throw something at you? or Ever hit you so hard that you had marks or were injured? Yes No	If yes enter 1
3. Did an adult or person at least 5 years older than you ever Touch or fondle you or have you touch their body in a sexual water or the sexual water or the sexual water of the sexua	ay?
Try to or actually have oral, anal, or vaginal sex with you? Yes No	If yes enter 1
4. Did you often feel that No one in your family loved you or thought you were important or Your family didn't look out for each other, feel close to each other Yes No	

or	irty clothes, and had no one to protect you?
Your parents were too drunk or high to take c	care of you or take you to the doctor if you needed it?
Yes No	If yes enter 1
6. Were your parents ever separated or divorced?	
Yes No	If yes enter 1
7. Was your mother or stepmother:	
Often pushed, grabbed, slapped, or had some	thing thrown at her?
or	
Sometimes or often kicked, bitten, hit with a	fist, or hit with something hard?
or	A SECRETARIO DE SERVE DE SERVE DE LA CONTRACTORIO D
Ever repeatedly hit over at least a few minute	s or threatened with a gun or knife?
Yes No	If yes enter 1
8. Did you live with anyone who was a problem drink	
Yes No	If yes enter 1
9. Was a household member depressed or mentally ill	or did a household member attempt suicide?
Yes No	If yes enter 1
10. Did a household member go to prison?	
Yes No	If yes enter 1
Now add up your "Yes" answers:	This is your ACE Score

TRAUMA IN FIRST RESPONDERS

HOW DOES PTSD USUALLY SHOW UP?

- Depression
- Flashbacks
- Avoidance of reminders
- Fearfulness
- Guilt
- Trouble sleeping
- Substance abuse
- Heightened sense of danger
- Hyper alertness

- Anxiety
- Recurrent nightmares
- Sorrow
- Anger, rage and/or irritability
- Loss of self-esteem
- Difficulty trusting others
- Isolation and alienation
- Having thoughts and memories that won't go away

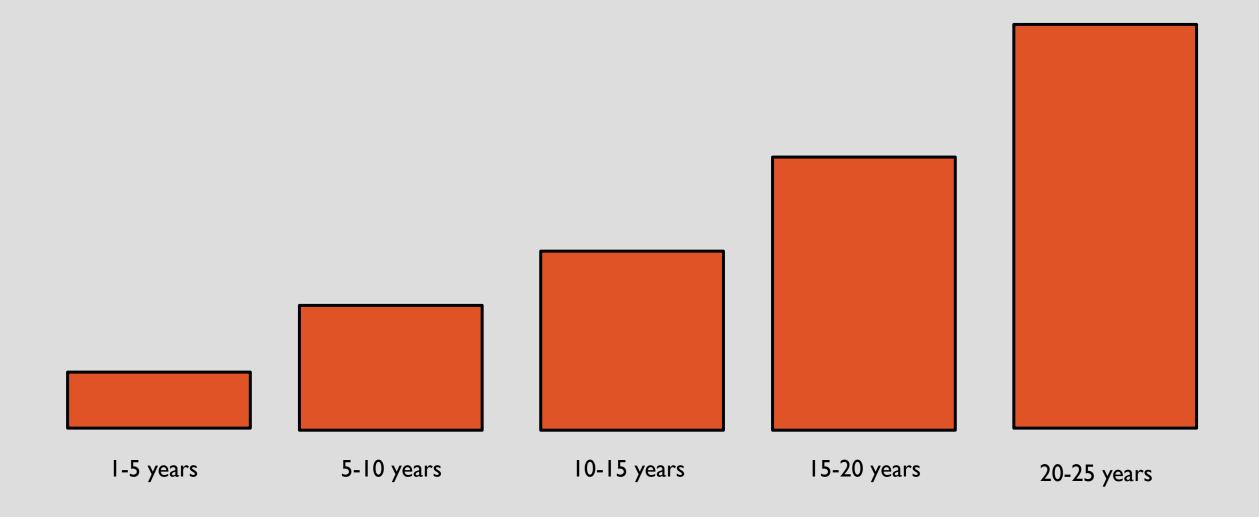
WHAT IS MINDFULNESS?

Mindfulness is about being aware of what is happening in the present, moment-by-moment, without making judgments about what we notice. It's about paying greater attention, taking in more of the situation. Mindfulness practice (including meditation) is a key ingredient in a variety of evidence based psychotherapies and is also a widely accepted tool for greater productivity and managing stress.

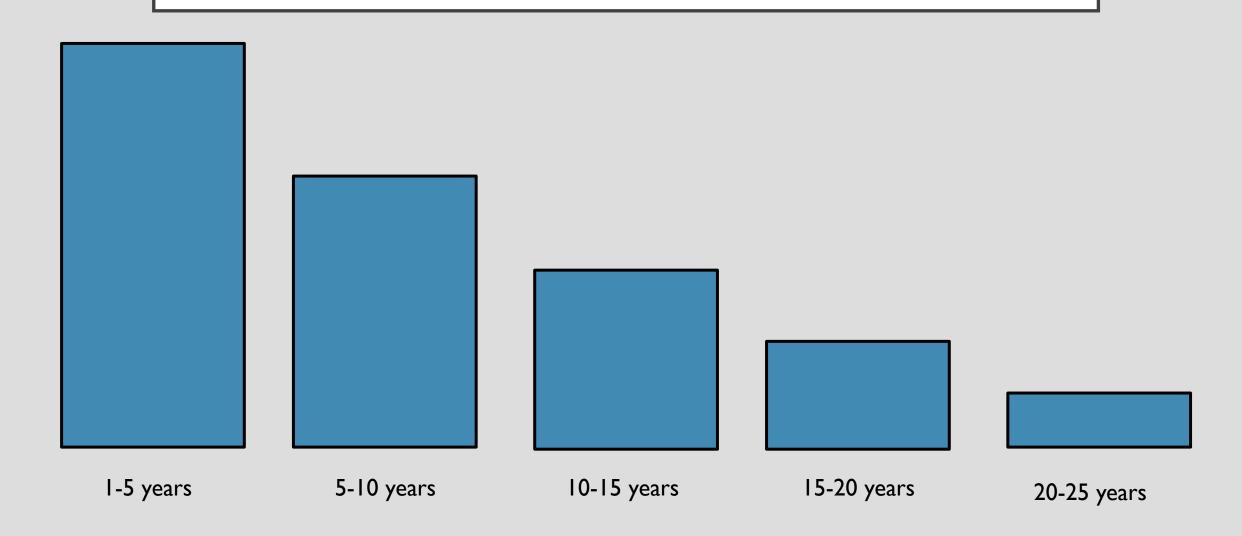
STAYING HYPER-VIGILANT

- Staying in this response causes health problem and death
- Cortisol- Inflames cells over time with stress
- Causes harm to our citizens
- Human life
- Quality of life
- Costs to our society
- Financial costs to our society

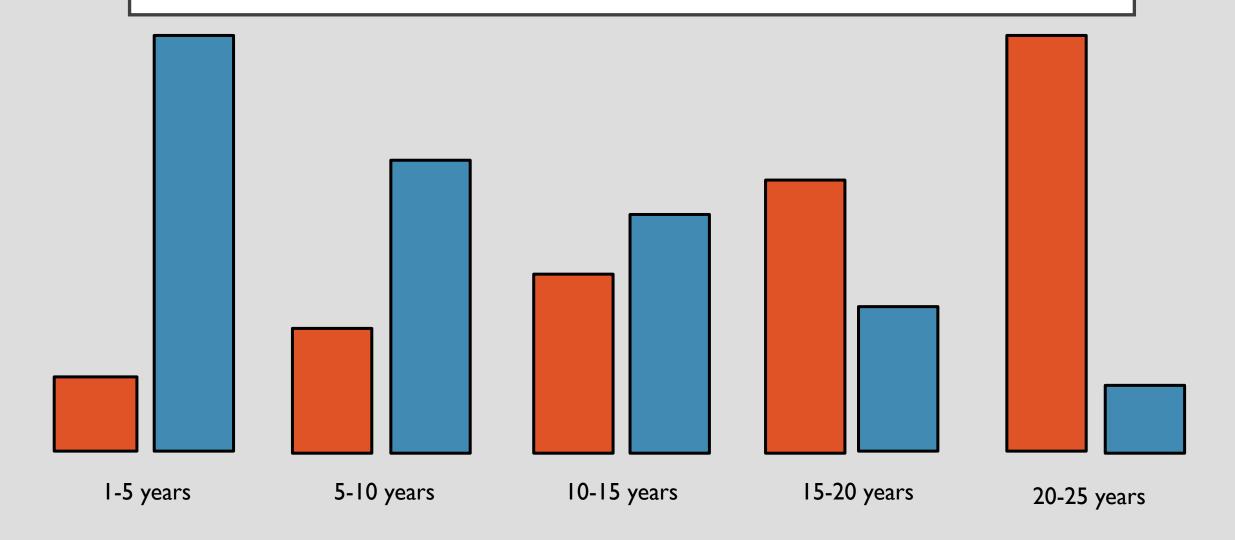
CORTISOL LEVELS OVER OUR CAREERS



HUMANITY OVER OUR CAREERS



HUMANITY & CORTISOL LEVELS OVER OUR CAREERS



SOME BENEFITS

- Less first responder turn over
- Happier first responders
- Long term first responder health benefits
- Less use of force situations
- Spirit vs. Letter
- Increased empathy and compassion
- Less trauma being passed through to citizens
- Better service



CONTACT INFORMATION



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